

County of Marin
Department of Public Works
TRIP TRANSPORTATION PERMIT

NO. _____
\$16 Fee To Be Attached

P.O. Box 4186
San Rafael, CA 94913

Phone: (415) 499-6549
FAX: (415) 499-3799

NAME	HAUL <input type="checkbox"/> DRIVE <input type="checkbox"/> TOW <input type="checkbox"/>	LOAD OR EQUIPMENT
ADDRESS		
PHONE	ESTIMATED START OF TRIP TIME: _____ DATE: _____ ESTIMATED COMPLETION OF TRIP TIME: _____ DATE: _____	PROPOSED ROUTE:
FAX		
TYPE VEHICLE		
KINGPIN TO LAST AXLE		
COMB. VEHICLE LENGTH		SIGNED _____ DATE _____

LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED

MAX HEIGHT	MAX WIDTH	MAX OVERALL LENGTH	MAX OVERHANG						
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES									
AXLE SPACING									
AXLE WIDTH									
WEIGHT									
ORIGIN	DESTINATION						TRIPS		

BELOW THIS LINE FOR COUNTY USE ONLY

SUBJECT TO ALL OF THE TERMS, CONDITIONS, RESTRICTIONS, AND REGULATIONS ON ANY PART OF THIS FORM AND THE ATTACHED GENERAL OR SPECIAL PROVISIONS, PERMISSION IS HEREBY GRANTED TO:		PERMIT VALID BETWEEN TIME: _____ DATE: _____ TIME: _____ DATE: _____
HAUL <input type="checkbox"/> DRIVE <input type="checkbox"/> TOW <input type="checkbox"/>	LOAD OR EQUIPMENT	<u>RESTRICTIONS:</u> <input type="checkbox"/> PILOT CAR REQUIRED <input type="checkbox"/> WIDE LOAD SIGN <input type="checkbox"/> _____ <input type="checkbox"/> _____
AUTHORIZED ROUTE		

THIS PERMIT IS TO BE STRICTLY CONSTRUED AND ANY WORK OTHER THAN THAT SPECIFICALLY MENTIONED ABOVE WILL RENDER THIS PERMIT NULL AND VOID.

FARHAD MANSOURIAN, RCE
ROAD COMMISSIONER

THE USE OF THIS PERMIT IS PRIMA FACIE EVIDENCE THAT THE DRIVER HAS CHECKED THE LOAD AND/OR VEHICLE AND KNOWS IT TO BE WITHIN THE LIMITS AS SET FORTH HEREIN AND HAS VERIFIED THE ROUTING FOR ACCURACY.

DEPUTY COMMISSIONER